

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0551-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## CHANGE OF

## CORRESPONDENCE ADDRESS

*Application*

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number 09/936,806

Filing Date September 17, 2001

First Named Inventor Amir Loshakove

Art Unit 3731

Examiner Name

Attorney Docket Number 501010.20763 (23538.33)

RECEIVED  
CENTRAL FAX CENTER

5 2004

Please change the Correspondence Address for the above-identified application  
to:



Customer Number

026418

Type Customer Number here.

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

William H. Dippert

Address

Reed Smith LLP

Address

599 Lexington Avenue, 29th Floor

City

New York

State

NY

ZIP

10022-7650

Country

US

Telephone

212-521-5400

Fax

212-521-5450

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

Applicant/Inventor.

Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or Agent of record.

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

William H. Dippert

Signature

*William H. Dippert*

Date

March 24, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

First Class Mail

March 24, 2003

Attorney Ref. No. 501010.20763 (23538.33)

Assistant Commissioner for Patents  
Washington, D.C. 20231

---

Applicant: Amir Loshakove, et al.  
Serial No: 09/936,806  
Filing Date: September 17, 2001  
For: VASCULAR SURGERY

---

Please have the Mail Division stamp in the space provided and return this card as acknowledgement of receipt of the following: (1) Change of Correspondence Address (application) (1 page); (2) Acknowledgement Postcard.